

04/23/2015 11:23 FAX

FILED EFFECTIVE

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No. W 109775	Reinstatement Annual Report Form ADMIN DISSOLVED 04/15/2013		2. Registered Agent and Office (NOT A P.O. BOX)																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. JONES PROCESS PIPING, LLC 235 S COLLEGE RD OAKLEY ID 83346 PO Box 147		DUSTON JONES 235 S COLLEGE RD OAKLEY ID 83346																																			
REINSTATEMENT FEE DUE: \$30.00			3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See instructions. <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager ☒ Member ☐</td> <td>Duston Jones</td> <td>PO Box 147</td> <td>Oakley Id</td> <td></td> <td></td> <td>83347</td> </tr> <tr> <td>Manager ☒ Member ☐</td> <td>Kimber Jones</td> <td>PO Box 147</td> <td>Oakley Id</td> <td></td> <td></td> <td>83347</td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager ☒ Member ☐	Duston Jones	PO Box 147	Oakley Id			83347	Manager ☒ Member ☐	Kimber Jones	PO Box 147	Oakley Id			83347	Manager ☐ Member ☐							Manager ☐ Member ☐						
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5. Organized Under the Laws of: IDAHO W 109775	6. Signature: <u>Kimber Jones</u> Name (type or print): <u>Kimber Jones</u> Date: <u>4-23-15</u> Title: <u>Sec</u>																																					

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